



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: September 28, 2004

SUBJECT: Virginia Aging and AoA in the News

Below are Virginia Aging or AoA related articles that have occurred since last week's Tuesday E-mailing. These links do not require a paid service; however, some (like the Washington Post, etc.) ask a brief survey or registration. Please note some links are time sensitive and can change daily. Some articles may be editorial and/or political. Links are presented 'as is'.

If you are aware of articles that I am missing, please e-mail me a link for inclusion next week.

Virginia AAAs In the News

[BLACKSBURG center begins new program](#)

Roanoke Times - Roanoke,VA,United States

... a presentation on the agency's longterm care ombudsman program. ... Virginia Tech, certified by the Virginia Department of ... am, community room, New River Valley Mall ...

['YOU see a need, you help'](#)

New River Valley Current - Christiansburg,VA,United States

... She began working for the New River Valley Agency on Aging, making home visits to ... Johnny Riggs, who worked for the Virginia Department of Transportation after ...

[AREA RSVP Is Named Virginia's Outstanding Program of the Year](#)

Winchester Star - Winchester,VA,USA

... Retired and Senior Volunteer Program was recently named Virginia's outstanding ... Advisory Council and chairman of the Shenandoah Area Agency on Aging's Board ...

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Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: September 28, 2004

SUBJECT: Official Older Americans Act

The Administration on Aging has posted links to the Older Americans Act as amended for 2000. The "Official" links can be found at:

http://www.aoa.gov/about/legbudg/oa/legbudg_oaa.asp.

The first link is to the Government Printing Office "official" version which unfortunately does not provide a compilation. Instead it provides individual links to each section of the Act.

The second link is to a copy of the "unofficial" green book version further distributed by VDA.

The third link is the most user friendly of the "official" versions. It provides a compiled version with footnotes and history. This document is a little more than 300 pages. The link is <http://uscode.house.gov/download/pls/42C35.txt>.

If you have any questions, please call me at (804) 662-9309.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Nutrition Directors
Area Agencies on Aging

FROM: Carol Cooper Driskill

DATE: September 28, 2004

SUBJECT: Hair Restraints

Recently a central kitchen operated by one of our AAAs was cited for not using "hair restrictions." The Health Inspector told them that the regulation "12 VAC 5-421-240 Effectiveness of Hair Restraints" was put into place to prevent food contamination.

CHAPTER 421- FOOD REGULATIONS

12 VAC 5-421-240. Effectiveness of hair restraints

- A. Except as provided under subsection B of this section, food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.
- B. This section does not apply to food employees such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff if they present a minimal risk of contaminating exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

At the AAA, all kitchen staff/volunteers and senior center staff/volunteers now wear hats/visors and are in compliance. I thank them for sharing the information with us!

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Carol Cooper Driskill

DATE: September 28, 2004

SUBJECT: Free Seminar on Teaching Poison Prevention

The attached information invites you to attend a **free** seminar, **Take Charge! Teach Poison Prevention and Improve Community Safety**, being held on **October 28, 2004** in Williamsburg. The seminar is sponsored by the poison control centers that serve our state. Planning and implementing poison prevention activities for people of all ages will be covered. In addition, you will have the opportunity to meet and network with other individuals who work in health promotion. An AAA Nutrition Director who attended the spring training said it was one of the best seminars she had ever attended!

Poisoning is a potentially serious injury affecting all age groups, and is particularly common in young children. Yet fatalities from poisoning occur disproportionately among both young adults and senior citizens. Because a poison injury touches the lives of nearly 75,000 Virginians each year, information about poisoning and how to prevent it is important to every family.

Seating is limited and **pre-registration** is required! People were turned away from the spring seminar. Fax your registration form before **October 7, 2004**. The attachments include seminar information sheet, driving directions, and registration form. Please address any questions to the seminar's on-site coordinator, Evelyn Waring, at (804) 828-4780 or mewaring@hsc.vcu.edu.

POISON
Help
1-800-222-1222

TAKE CHARGE!

Teach Poison Prevention & Improve Community Safety

October 28, 2004 • 10 to 4 p.m.

James City County Library Community Room
7770 Croaker Road • Williamsburg, Virginia

Fee

There is no charge to attend, but pre-registration is required.

Schedule

10:00 - 10:30 am
10:30 - 10:45 am
10:45 - 12:00 pm
12:00 - 1:00 pm
1:00 - 2:30 pm
2:30 - 2:45 pm
2:45 - 4:00 pm

Registration*

Welcome and introduction

General overview of poisoning

Lunch (provided)

Teaching poison safety to adults and children

Break

Resources available for teaching poison safety

**Please note: Building does not open until 10:00 a.m.*

Speakers

Evelyn Waring, RN, BSN, CSPI, Virginia Poison Center, Richmond
Rose Ann Soloway, BSN, MEd, DABAT, National Capital Poison Center, Washington D.C.

Sue Kell, M Ed, CSPI, Blue Ridge Poison Center, Charlottesville

Accommodations

The Williamsburg area is served by dozens of hotels, ranging from luxury properties to economy lodging. Please contact the Williamsburg Hotels Association for assistance in making reservations at any hotel, motel or bed & breakfast in the area at (800) 999-4485 or visit their web site at www.williamsburghotel.com.

Parking

Surface parking will be provided free at the James City County Library.

Directions

From Washington, D.C.: Take I-95 South to just south of Ashland, then follow signs to take I-295 South around Richmond towards Norfolk. From I-295, follow signs to I-64 East towards Norfolk. Exit from I-64 at 231A Norge/Toano. Take Croaker Road 2/10 of a mile. Turn left into JCCL parking lot.

From Hampton, Newport News: Take I-64 West. Exit at 231A Norge/Toano. Take Croaker Road 2/10 of a mile, and turn left into the JCCL parking lot.

From Richmond: Take I-64 East. Exit at 231A Norge/Toano. Take Croaker Road 2/10 of a mile. Turn left into the JCCL parking lot.

From Charlottesville: Take I-64 East towards Richmond. About 18 miles outside Richmond, follow signs to take I-295 around Richmond towards Norfolk. From I-295, follow signs to I-64 East towards Norfolk. Exit from interstate 64 at 231A Norge/Toano. Take Croaker Road 2/10 of a mile. Turn left into JCCL parking lot.

From Northern Neck: Travel to Richmond, and follow directions above or take Route 17 to Route 33 at Saluda, and follow Route 33 to I-64. Get on I-64 East and exit at 231A Norge/Toano. Take Croaker Road 2/10 of a mile. Turn left into the JCCL parking lot.



TAKE CHARGE!

Teach Poison Prevention & Improve Community Safety

October 28, 2004 • 10 to 4 p.m.

James City County Library Community Room
7770 Croaker Road • Williamsburg, Virginia

Registration Deadline is October 7, 2004

Name _____

Title _____

Agency _____

Address _____

Phone _____ Fax _____

Email _____

A collaborative effort of the three poison centers serving Virginia: the Virginia Poison Center in Richmond, VA, the Blue Ridge Poison Center in Charlottesville, VA and the National Capital Poison Center in Washington, D.C. **Please note:** The seminar is being offered free of charge, but pre-registration is required; please call the Virginia Poison Center at (804) 828-4780 for more information.

Return completed form to: Evelyn Waring at the Virginia Poison Center, VCU Medical Center, PO BOX 980522, Richmond, VA 23298-0522. Or you may FAX the form to us at (804) 828-5291

VCU Medical Center
Virginia Commonwealth University
Virginia Poison Center

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: AAA Directors

FROM: Bill Peterson

DATE: September 28, 2004

SUBJECT: Revisions to the Title III-E Program Guidance Document

When AoA conducted their annual site visit last month and through subsequent research, an error in the unofficial compilation of the Older Americans Act was discovered. The official version of the Older Americans Act indicates the intent of the Act was that individuals receiving **Respite Care** or **Supplemental Services** with Title III-E funds must meet eligibility requirements found in Title I of the Act. Specifically Section 102 (26) which targets services to the "frail" elderly and defines frailty as unable to perform at least 2 activities of daily living without substantial assistance or requiring substantial supervision due to cognitive or other mental impairment. We have noted this eligibility requirement in the revised Title III-E Guidance Document attached. For your information, our review of ADL deficits for clients receiving AAA services indicates that the average ADL deficits range from 2.7 to 5.1 (depending upon the service).

In addition to the change in eligibility, **AIM and AMR reporting requirements have also been updated**. Don't forget that beginning 10/1/2004, the Virginia Caregiver – Service Form is no longer optional but is now required. Please have the appropriate program staff review this document and incorporate the changes into your program eligibility and reporting procedures. AIM training scheduled for this Friday (October 1) will also cover these changes.

Attachment

– REVISED 2004 –
VIRGINIA DEPARTMENT FOR THE AGING
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (Title III-E)
GUIDANCE DOCUMENT

Title III-E, National Family Caregiver Support Program (NFCSP), provides a multifaceted support system that helps families sustain their efforts to care for an older individual or child. Area Agencies on Aging (AAA) or its contractors are encouraged **to develop new models of caregiver support** that provide services which do not supplant the role of the family as caregiver but enhances their ability to provide informal care for as long as appropriate. These support services shall be provided to family caregivers, grandparents, or other older individuals who are relative caregivers.¹

Eligible Population

Caregiver – An adult family member, or another individual, who is an informal provider of in-home and community care **to**:

- 1) an individual who is 60 years of age or older; and for individuals receiving Respite or Supplemental Services, meets the definition of “frail” as found in Section 102 (26) of the Older Americans Act (unable to perform at least 2 activities of daily living without substantial assistance or due to cognitive or other mental impairment requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard); or
- 2) a child not more than 18 years of age being cared for by a “grandparent or older individual who is a relative caregiver” 60 years of age or older.

There must be both a caregiver and a care recipient to qualify for a Title III-E service.

“Grandparent or older individual who is a relative caregiver” – means a grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age and older and:

- a) lives with the child who is not more than 18 years of age;
- b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.²

Note: Section 373(g)(2)(C) of the Older Americans Act of 1965 (revised 2000) permits use of a maximum of 10% of the total Federal and Non-Federal share available to the state under Title III-E to provide support services to grandparents and older individuals who are relative caregivers.

¹ Older Americans Act of 1965, as amended, Section 373

² Ibid., Section 372(3)

Priority for Title III-E services shall be given to older individuals who are in the greatest social and economic need, with preference given to low-income minority individuals³ and to those older individuals residing in rural or geographically isolated areas.⁴ Priority shall also be given to older individuals who are in the greatest social and economic need who are providing care and support to individuals age 60 and older with mental retardation and related developmental disabilities (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act).⁵

Service Delivery Elements

AAAs providing services through Title III-E NFCSP may provide any combination of services under five broad categories.⁶ These categories are further subdivided into services. These services are reported on the Virginia Department for the Aging – Aging Monthly Report (AMR) and may also need to be reported in the Advanced Information Manager (AIM).

Note: For each service, either the established service standard is referenced or a brief description is provided. The appropriate intake/reassessment form must be completed and the Virginia Caregiver – Service Form (one minimum per individual) is required.

- 1. Information to caregivers about available services.** The only service to be reported is *Public Information/Education*. Although *Public Information/Education* has an established service standard, the unit of service collected will be the number of activities provided and in place of the number of caregivers served estimate the size of the audience.
- 2. Assistance to caregivers in gaining access to the services.** This includes services and activities which assist families and other caregivers obtain the services they need including *Information and Referral/Assistance*, *Care Coordination*, *Transportation*, and *Assisted Transportation*.
 - a. *Information and Referral/Assistance* has an established service standard.
 - b. *Care Coordination* has an established service standard.
 - c. *Transportation* has an established service standard.
 - d. *Assisted Transportation* – assistance and transportation, including escort, for an individual who has difficulty (physical or cognitive) using regular vehicular transportation. The intake/reassessment form is Part A of the Uniform Assessment Instrument (UAI). The service unit is a one way trip.⁷
- 3. Individual counseling, organization of support groups, and training to caregivers to assist them in making decisions and solving problems related to their caregiving roles.** This includes *Individual Counseling*, *Support Groups*, *Caregiver Training*.

³ Ibid., Section 306(a)(4)(A)(i)

⁴ Ibid., Section 306(a)(4)(B)(i)(I)

⁵ Ibid., Section 373(c)(2)

⁶ Ibid., Section 373(b)

⁷ Ibid.

- a. *Individual Counseling* – Counseling to caregivers to assist them in making decisions and solving problems related to their caregiving roles. The intake/reassessment form is the Virginia Service – Quick Form. The service unit is a session.⁸
- b. *Support Groups* – Counseling to caregivers to assist them in making decisions and solving problems related to their caregiving roles. The intake/reassessment form is the Virginia Service – Quick Form. The service unit is a group session.⁹
- c. *Caregiver Training* – Training to caregivers to assist them in making decisions and solving problems related to their caregiving roles. The intake/reassessment form is the Virginia Service – Quick Form. The service unit is a training session.¹⁰

4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. This includes *Adult Day Care, Homemaker, Personal Care, Institutional Respite, Direct Payments, and Other Services.*

- a. *Adult Day Care* has an established service standard.
- b. *Homemaker* has an established service standard.
- c. *Personal Care* has an established service standard.
- d. *Institutional Respite* is provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver. The intake/reassessment form is Part A of the UAI. The service unit is individual hours.¹¹
- e. *Direct Payments* may be in cash or by voucher. The intake/reassessment form is Part A of the UAI. The service unit is one payment.
- f. *Other* includes non-traditional services that provide relief or are respite specific to the individual caregiver's situation and needs as described in the Area Plan. The intake/reassessment form is Part A of the UAI.

5. Supplemental services, on a limited basis, to complement the care provided by caregivers. This includes *Chore, Congregate Meals, Home Delivered Meals, Direct Payments, and Other Supplemental Services.*

- a. *Chore* has an established service standard.
- b. *Congregate Meals* has an established service standard.
Note: To be eligible for Title III-E congregate meals, the care recipient must be receiving a service that collects Part A of the UAI or Part A of the UAI must be completed.
- c. *Home Delivered Meals* has an established service standard.
- d. *Direct Payments* may be in cash or by voucher. The intake/reassessment form is Part A of the UAI. The service unit is one payment.¹²

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

- e. *Other Supplemental Services* include gap filling services. The intake/reassessment form is Part A of the UAI. Services provided on a limited basis to complement the care provided by caregivers as described in the Area Plan.

No more than 20% of Title III-E funds shall be allocated for this category of services. The AAA should provide innovative interventions that are not normally part of the long-term care service system. For example, the AAA can assist families in obtaining a personal emergency response system. Such interventions should be tailored to meet the caregiver's specific needs for support and include documentation such as an assessment along with a care plan that supports the supplemental service.

Administrative Elements

Staff Qualifications:

- **Knowledge:** Program staff should have an awareness of the biological, psychological, and social aspects of aging; the impact of disabilities and illnesses on aging; interviewing principles; community resources; and public benefits eligibility requirements. Staff should also become aware of the issues (physical and psychological) facing family and informal caregivers.
- **Skills:** Program staff should have skills in establishing and sustaining interpersonal relationships; problem-solving; and advocacy.
- **Ability:** Program staff should have the ability to: communicate with individuals of different socio-economic backgrounds; conduct an effective interview; complete an assessment; arrange and negotiate service referrals; and work independently.

Job Descriptions:

For each paid and volunteer position funded by Title III-E NFCSP of the Older Americans Act, an AAA shall maintain:

- A current and complete job description which shall cover the scope of duties and responsibilities of appropriate service; and
- A current description of the minimum entry-level standards of each job.¹³

Quality Assurance

Criminal Background Checks:

- VDA strongly recommends that the AAA and its contractors protect their vulnerable clients by conducting criminal background checks for staff providing any service where they go to or into a client's home.

¹³ 22VAC5-20-250 Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

Staff Training:

- Staff should receive orientation on agency policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this program.
- Staff should receive a minimum of ten (10) hours of in-service training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities. Training specific to family and informal caregiving should be included.

Supervision:

Consultation and supervision shall be available to all staff providing services under this program.

Case Review:

Caseload review shall be available to all staff providing services under this program.

Program Evaluation:

The AAA should conduct regular and systematic analysis of the individuals served by this program and the impact of the services to assist the caregiver. The results of this analysis should be used as a basis for planning and implementing changes in program goals, procedures or resources.

Records:

Service providers are to maintain specific records that include:

- Appropriate intake/reassessment form.
- Virginia Caregiver – Service Form, one (minimum) per individual receiving a service through Title III-E NFCSP.
- Appeals process.
- Release forms, if information is shared with other agencies.

Units of Service:

Units of service are to be reported on the AMR and in AIM. AIM service units can be reported by caregiver on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- Persons served (unduplicated)
- Caregiver served (unduplicated)

Note: Although *Public Information/Education* has an established service standard, the unit of service collected will be the number of activities provided and in place of the number of caregivers served estimate the size of the audience.

Program Reports:

- The AMR should be sent to VDA by the twelfth (12th) of the following month. If the AAA provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- AIM client level data should be transmitted to VDA by the last day of the following month.